

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084832	2 Total pages filed: 416
3 COMMITTEE NAME National Democratic Redistricting Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1032 15th St. NW Ste. 247 Washington , DC 20005		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Hayley	
	NICKNAME LAST SUFFIX	Dierker	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1032 15th St. NW Ste. 247 Washington, DC 20005		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1032 15th St. NW Ste. 247 Washington, DC 20005		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(202)	788-6888	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year		Month Day Year
	01/01/2023		THROUGH 06/30/2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11/07/2023		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Democratic Redistricting Committee	13 Filer ID (Ethics Commission Filers) 00084832
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 248,821.52
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 604,799.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,311.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 613,115.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,322.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Hayley Dierker

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 416

17 COMMITTEE NAME National Democratic Redistricting Committee		18 Filer ID 00084832	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	604,799.52
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	613,115.16
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	17,006.16

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/390 Rpt: 4/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/390 Rpt: 5/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Budget Director		Employer (See Instructions) University of California
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Budget Director		Employer (See Instructions) University of California
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Budget Director		Employer (See Instructions) University of California
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Budget Director		Employer (See Instructions) University of California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/390 Rpt: 6/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610-1745	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Budget Director		9 Employer (See Instructions) University of California
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1745	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Budget Director		Employer (See Instructions) University of California
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/390 Rpt: 7/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code University Place, WA 98466-5206	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code University Place, WA 98466-5206	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code University Place, WA 98466-5206		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfarah, Ziad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Somerville, MA 02145-3710		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfarah, Ziad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Somerville, MA 02145-3710		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfarah, Ziad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Somerville, MA 02145-3710		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfarah, Ziad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Somerville, MA 02145-3710		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/390 Rpt: 10/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-5249	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5249	Amount of Contribution (\$) \$113.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5249	Amount of Contribution (\$) \$113.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/390 Rpt: 11/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010-2835	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/390 Rpt: 12/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010-2835	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/390 Rpt: 13/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010-2835	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Betty <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpern, David <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpern, David <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/390 Rpt: 14/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/390 Rpt: 15/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/390 Rpt: 16/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/390 Rpt: 17/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> 6 Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) O'Melveny and Myers LLP
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/390 Rpt: 18/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Robert <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2714	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/390 Rpt: 19/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Robert <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-2714	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/390 Rpt: 20/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> 6 Contributor address; City; State; Zip Code Guaynabo, DC 20000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> Contributor address; City; State; Zip Code New York, NY 10003-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> Contributor address; City; State; Zip Code New York, NY 10003-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> Contributor address; City; State; Zip Code New York, NY 10003-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/390 Rpt: 21/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10003-1503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> Contributor address; City; State; Zip Code New York, NY 10003-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, R. Leslie <hr/> Contributor address; City; State; Zip Code New York, NY 10003-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/390 Rpt: 22/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/390 Rpt: 23/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/390 Rpt: 24/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	
8 Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael	Amount of Contribution (\$) \$52.50
	Contributor address; City; State; Zip Code Boulder, CO 80303-2935	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael	Amount of Contribution (\$) \$52.50
	Contributor address; City; State; Zip Code Boulder, CO 80303-2935	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael	Amount of Contribution (\$) \$52.50
	Contributor address; City; State; Zip Code Boulder, CO 80303-2935	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/390 Rpt: 25/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80303-2935	7 Amount of Contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgartel, D. Mona <hr/> Contributor address; City; State; Zip Code Encinitas, CA 92024-1207	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgartel, D. Mona <hr/> Contributor address; City; State; Zip Code Encinitas, CA 92024-1207	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/390 Rpt: 26/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/390 Rpt: 27/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/390 Rpt: 28/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benford, Alan <hr/> Contributor address; City; State; Zip Code Manchester, CT 06042-3465	Amount of Contribution (\$) \$206.00
Principal occupation / Job title (See Instructions) Historic Interpreter		Employer (See Instructions) Mark Twain House
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berlin, Susanne <hr/> Contributor address; City; State; Zip Code Seattle, WA 98177-5305	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1456	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/390 Rpt: 29/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/390 Rpt: 30/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/390 Rpt: 31/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Elizabeth <hr/> Contributor address; City; State; Zip Code Clive, IA 50325-7088	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Elizabeth <hr/> Contributor address; City; State; Zip Code Clive, IA 50325-7088	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Elizabeth <hr/> Contributor address; City; State; Zip Code Clive, IA 50325-7088	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Elizabeth <hr/> Contributor address; City; State; Zip Code Clive, IA 50325-7088	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/390 Rpt: 32/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Hornell, NY 14843-1130		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hornell, NY 14843-1130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hornell, NY 14843-1130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hornell, NY 14843-1130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hornell, NY 14843-1130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/390 Rpt: 33/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleicher, Samuel <hr/> 6 Contributor address; City; State; Zip Code Winchester, VA 22601-6735	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleicher, Samuel <hr/> Contributor address; City; State; Zip Code Winchester, VA 22601-6735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bley, Ann <hr/> Contributor address; City; State; Zip Code Mesquite, NV 89034-1004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bley, Ann <hr/> Contributor address; City; State; Zip Code Mesquite, NV 89034-1004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bley, Ann <hr/> Contributor address; City; State; Zip Code Mesquite, NV 89034-1004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/390 Rpt: 34/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bley, Ann <hr/> 6 Contributor address; City; State; Zip Code Mesquite, NV 89034-1004	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/390 Rpt: 35/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> 6 Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/390 Rpt: 36/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/390 Rpt: 37/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/390 Rpt: 38/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford Jr., Gregory <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90802-2186	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford Jr., Gregory <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90802-2186	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronk, Martin <hr/> Contributor address; City; State; Zip Code Woodside, CA 94062-1224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Menlo Medical Clinic
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/390 Rpt: 39/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	7 Amount of Contribution (\$) \$26.00
	6 Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/390 Rpt: 40/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Martinez, GA 30907-1303	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/390 Rpt: 41/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30033-2910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Biocircuit Technologies
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/390 Rpt: 42/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30033-2910	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Biocircuit Technologies
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Herb <hr/> Contributor address; City; State; Zip Code Beverly, MA 01915-5019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Herb <hr/> Contributor address; City; State; Zip Code Beverly, MA 01915-5019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Herb <hr/> Contributor address; City; State; Zip Code Beverly, MA 01915-5019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Herb <hr/> Contributor address; City; State; Zip Code Beverly, MA 01915-5019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/390 Rpt: 43/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/390 Rpt: 44/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/390 Rpt: 45/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stewart <hr/> 6 Contributor address; City; State; Zip Code Winchester, VA 22601-3194	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stewart <hr/> Contributor address; City; State; Zip Code Winchester, VA 22601-3194	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brusckhe, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brusckhe, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brusckhe, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/390 Rpt: 46/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> 6 Contributor address; City; State; Zip Code Hudson, NY 12534-3805	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/390 Rpt: 47/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney 6 Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Nancy Contributor address; City; State; Zip Code Lamy, NM 87540-7502	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/390 Rpt: 48/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> 6 Contributor address; City; State; Zip Code Bethel, VT 05032-4483	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/390 Rpt: 49/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> 6 Contributor address; City; State; Zip Code Bethel, VT 05032-4483	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/390 Rpt: 50/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> 6 Contributor address; City; State; Zip Code Bethel, VT 05032-4483	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) United Way
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) United Way
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) United Way

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/390 Rpt: 51/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> 6 Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nonprofit Management		9 Employer (See Instructions) United Way
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) United Way
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) United Way
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/390 Rpt: 52/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04102-3848	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Censor, Alexander <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-1280	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/390 Rpt: 53/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Censor, Alexander <hr/> 6 Contributor address; City; State; Zip Code Ashland, OR 97520-1280	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Censor, Alexander <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-1280	Amount of Contribution (\$) \$59.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/390 Rpt: 54/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/390 Rpt: 55/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/390 Rpt: 56/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/390 Rpt: 57/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/390 Rpt: 58/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churchill, Stephen <hr/> Contributor address; City; State; Zip Code Somerville, MA 02145-1908	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fair Work PC
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/390 Rpt: 59/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> 6 Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/390 Rpt: 60/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> 6 Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/390 Rpt: 61/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Holt, MI 48842-1927	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Holt, MI 48842-1927	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Holt, MI 48842-1927	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Holt, MI 48842-1927	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pelham, MA 01002-9783	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/390 Rpt: 62/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> 6 Contributor address; City; State; Zip Code Pelham, MA 01002-9783	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Massachusetts
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> Contributor address; City; State; Zip Code Pelham, MA 01002-9783	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> Contributor address; City; State; Zip Code Pelham, MA 01002-9783	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/390 Rpt: 63/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> 6 Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/390 Rpt: 64/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-2224	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/390 Rpt: 65/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-2224	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, John <hr/> Contributor address; City; State; Zip Code Sylvania, OH 43560-1092	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/390 Rpt: 66/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steven <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/390 Rpt: 67/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> 6 Contributor address; City; State; Zip Code Dulles, VA 20189-9304	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Foreign Service Officer		9 Employer (See Instructions) USAID
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collinge, Peter <hr/> Contributor address; City; State; Zip Code Pittsford, NY 14534-2639	Amount of Contribution (\$) \$235.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/390 Rpt: 68/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conway, Ronald <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94108-6000	7 Amount of Contribution (\$) \$125,000.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) SV Angel LLC
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/390 Rpt: 69/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/390 Rpt: 70/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/390 Rpt: 71/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/390 Rpt: 72/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> 6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/390 Rpt: 73/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> 6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cork, Deidre <hr/> Contributor address; City; State; Zip Code Warrenton, VA 20187-5842	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costello, Sam <hr/> Contributor address; City; State; Zip Code Marlboro, VT 05344	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) DigitasLBI Inc.
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronin, Diane <hr/> Contributor address; City; State; Zip Code Braintree, MA 02184-6542	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/390 Rpt: 74/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowell, Areta <hr/> 6 Contributor address; City; State; Zip Code Pasadena, CA 91106-2410	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/390 Rpt: 75/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> 6 Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Andre <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-2445	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Richard <hr/> Contributor address; City; State; Zip Code Portland, ME 04103-2830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Richard <hr/> Contributor address; City; State; Zip Code Portland, ME 04103-2830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/390 Rpt: 76/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Richard	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Portland, ME 04103-2830		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Portland, ME 04103-2830		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutler, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Encino, CA 91436-3254		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutler, Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Encino, CA 91436-3254		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C.	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/390 Rpt: 77/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> 6 Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/390 Rpt: 78/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> 6 Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daughety, Andrew <hr/> Contributor address; City; State; Zip Code Marlton, NJ 08053-5540	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Charles S. <hr/> Contributor address; City; State; Zip Code Severna Park, MD 21146-4250	Amount of Contribution (\$) \$201.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Edward <hr/> Contributor address; City; State; Zip Code Melrose, MA 02176-2803	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) Analysis Group Inc.
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Elizabeth C. <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-2075	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/390 Rpt: 79/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Portland, OR 97221-2737		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Portland, OR 97221-2737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Portland, OR 97221-2737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Portland, OR 97221-2737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Portland, OR 97221-2737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/390 Rpt: 80/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97221-2737	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayton, William <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Swiftly Inc.
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayton, William <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Swiftly Inc.
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayton, William <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Swiftly Inc.
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/390 Rpt: 81/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Davis, CA 95616-2910		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Davis, CA 95616-2910		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Davis, CA 95616-2910		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Davis, CA 95616-2910		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Davis, CA 95616-2910		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/390 Rpt: 82/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona <hr/> 6 Contributor address; City; State; Zip Code Orem, UT 84057-5526	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona <hr/> Contributor address; City; State; Zip Code Orem, UT 84057-5526	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona <hr/> Contributor address; City; State; Zip Code Orem, UT 84057-5526	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona <hr/> Contributor address; City; State; Zip Code Orem, UT 84057-5526	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona <hr/> Contributor address; City; State; Zip Code Orem, UT 84057-5526	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/390 Rpt: 83/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demery, Ramona	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Orem, UT 84057-5526		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richland, WA 99352-7622		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richland, WA 99352-7622		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richland, WA 99352-7622		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richland, WA 99352-7622		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/390 Rpt: 84/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> 6 Contributor address; City; State; Zip Code Richland, WA 99352-7622	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrickson, Scott <hr/> Contributor address; City; State; Zip Code Front Royal, VA 22630-9340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrickson, Scott <hr/> Contributor address; City; State; Zip Code Front Royal, VA 22630-9340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrickson, Scott <hr/> Contributor address; City; State; Zip Code Front Royal, VA 22630-9340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/390 Rpt: 85/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrickson, Scott <hr/> 6 Contributor address; City; State; Zip Code Front Royal, VA 22630-9340	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/390 Rpt: 86/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Williamson, NY 14589-9758	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) DyNalab Corporation
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/390 Rpt: 87/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Williamson, NY 14589-9758	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) DyNalab Corporation
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/390 Rpt: 88/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin	7 Amount of Contribution (\$) \$53.00
6 Contributor address; City; State; Zip Code Kula, HI 96790-7458		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin	Amount of Contribution (\$) \$53.00
Contributor address; City; State; Zip Code Kula, HI 96790-7458		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin	Amount of Contribution (\$) \$53.00
Contributor address; City; State; Zip Code Kula, HI 96790-7458		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin	Amount of Contribution (\$) \$53.00
Contributor address; City; State; Zip Code Kula, HI 96790-7458		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Poway, CA 92064-2353		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/390 Rpt: 89/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Poway, CA 92064-2353		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Poway, CA 92064-2353		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Poway, CA 92064-2353		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Poway, CA 92064-2353		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Poway, CA 92064-2353		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/390 Rpt: 90/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Milton, MA 02186-4429		
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) JTD Retail Strategies
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milton, MA 02186-4429		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milton, MA 02186-4429		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milton, MA 02186-4429		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milton, MA 02186-4429		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/390 Rpt: 91/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> 6 Contributor address; City; State; Zip Code Milton, MA 02186-4429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) JTD Retail Strategies
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Monica <hr/> Contributor address; City; State; Zip Code Holland, MI 49423-3127	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) Department of Defense
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) Department of Defense
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/390 Rpt: 92/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Seattle, WA 98116-2025		
8 Principal occupation / Job title (See Instructions) Test Manager		9 Employer (See Instructions) Department of Defense
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Seattle, WA 98116-2025		
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) Department of Defense
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Seattle, WA 98116-2025		
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) Department of Defense
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dow, Barnaby	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Seattle, WA 98125-5007		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Down, James	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Winchester, MA 01890-3502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/390 Rpt: 93/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebel, Jenny	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Oakland, CA 94619-2221		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/390 Rpt: 94/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/390 Rpt: 95/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) PT Management Support
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Eugene, OR 97405-3213	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Eugene, OR 97405-3213	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/390 Rpt: 96/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-3213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/390 Rpt: 97/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Louisburg, NC 27549-2434		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Louisburg, NC 27549-2434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Louisburg, NC 27549-2434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Louisburg, NC 27549-2434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Louisburg, NC 27549-2434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/390 Rpt: 98/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/390 Rpt: 99/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdheim, Eric <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878-4597	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/390 Rpt: 100/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) IPS
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) IPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/390 Rpt: 101/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Technology		9 Employer (See Instructions) IPS
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) IPS
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) IPS
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eynon, Richard <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-1408	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/390 Rpt: 102/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> 6 Contributor address; City; State; Zip Code Springfield, MO 65804-0120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/390 Rpt: 103/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> 6 Contributor address; City; State; Zip Code Springfield, MO 65804-0120	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> 6 Contributor address; City; State; Zip Code Springfield, MO 65804-0120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, William <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33467-5205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, William <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33467-5205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, William <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33467-5205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, William <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33467-5205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, J. David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Nehalem, OR 97131-9858		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, J. David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nehalem, OR 97131-9858		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, J. David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nehalem, OR 97131-9858		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Honolulu, HI 96816-4910		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corp
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Honolulu, HI 96816-4910		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/390 Rpt: 106/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Hookakoo Corp
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corp
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corp
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corp
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forchheimer, Martin <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105-1450	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of Michigan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/390 Rpt: 107/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
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Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/390 Rpt: 111/416
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4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116-3043	7 Amount of Contribution (\$) \$100.00
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Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Qixotic LLC
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC

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4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda 6 Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Qixotic LLC
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College

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8 Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		9 Employer (See Instructions) Exodus Recovery/Fresno City College
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College

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8 Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		9 Employer (See Instructions) Exodus Recovery/Fresno City College
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth-Nelson, Rebecca <hr/> Contributor address; City; State; Zip Code Fresno, CA 93727-7540	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Mental Health Clinician/Teacher		Employer (See Instructions) Exodus Recovery/Fresno City College
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geist, Judy <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-1131	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Philadelphia Orchestra

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/390 Rpt: 116/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gellman, Robert <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003-2052	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Privacy and Information Policy Consultant		9 Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/390 Rpt: 117/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> 6 Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Chicago, IL 60613-1939	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chicago, IL 60613-1939	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chicago, IL 60613-1939	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chicago, IL 60613-1939	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/390 Rpt: 121/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/390 Rpt: 122/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> 6 Contributor address; City; State; Zip Code Dedham, MA 02026-4340	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/390 Rpt: 125/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-1516	7 Amount of Contribution (\$) \$50.00
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Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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6 Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705		
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Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey	Amount of Contribution (\$) \$25.00
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Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey	Amount of Contribution (\$) \$25.00
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Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
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4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/390 Rpt: 131/416
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4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> 6 Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Feis Goldy LLC
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
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Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/390 Rpt: 132/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> 6 Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	7 Amount of Contribution (\$) \$50.00
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Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-3160	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-3160	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-3160	Amount of Contribution (\$) \$50.00
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Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Mary <hr/> Contributor address; City; State; Zip Code New York, NY 10011-4210	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
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Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
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Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77065-4765		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Houston, TX 77065-4765		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/390 Rpt: 146/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065-4765	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Steve <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-3587	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/390 Rpt: 147/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, John	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Arlington, VA 22205-2129		
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) Calibre Systems
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Monica, CA 90401-2434		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/390 Rpt: 148/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Susan <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90401-2434	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Susan <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90401-2434	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/390 Rpt: 149/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, George <hr/> Contributor address; City; State; Zip Code Olympia, WA 98506-9212	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Woody <hr/> Contributor address; City; State; Zip Code Olympia, WA 98506-9212	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/390 Rpt: 150/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> 6 Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/390 Rpt: 151/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> 6 Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/390 Rpt: 152/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37209-4525	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Meharry Medical College
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/390 Rpt: 153/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David <hr/> 6 Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) David Hobbs Honda
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffheimer, Craig <hr/> Contributor address; City; State; Zip Code Wyoming, OH 45215-4119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffheimer, Craig <hr/> Contributor address; City; State; Zip Code Wyoming, OH 45215-4119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, John <hr/> Contributor address; City; State; Zip Code Fair Haven, NJ 07704-3309	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/390 Rpt: 154/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> 6 Contributor address; City; State; Zip Code Narberth, PA 19072-2404	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtzman, Cheryl <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-4717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtzman, Cheryl <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-4717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hough, David <hr/> Contributor address; City; State; Zip Code San Jose, CA 95160-0370	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/390 Rpt: 155/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudyma, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Duluth, MN 55811-4261		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) SCS Aircraft Interiors
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudyma, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Duluth, MN 55811-4261		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) SCS Aircraft Interiors
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugues, Linda	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Tampa, FL 33625-3304		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulce, Thomas	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code New York, NY 10036-1708		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Berkeley, CA 94705-1421		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/390 Rpt: 156/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, Michael <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705-1421	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, Michael <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-1421	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/390 Rpt: 157/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76201-4356	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Historian		9 Employer (See Instructions) Historic Denton Inc.
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/390 Rpt: 158/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/390 Rpt: 159/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Marilyn L. <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85053-3914	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingenthron, Mary Anne <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-0457	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/390 Rpt: 160/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> 6 Contributor address; City; State; Zip Code Napa, CA 94559-0444	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/390 Rpt: 161/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> 6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/390 Rpt: 162/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> 6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> Contributor address; City; State; Zip Code Clovis, CA 93611-6502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/390 Rpt: 163/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/390 Rpt: 164/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/390 Rpt: 165/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/390 Rpt: 166/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/390 Rpt: 167/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Clovis, CA 93611-6502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/390 Rpt: 168/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> 6 Contributor address; City; State; Zip Code Clovis, CA 93611-6502	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald <hr/> Contributor address; City; State; Zip Code Pueblo West, CO 81007-2085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald <hr/> Contributor address; City; State; Zip Code Pueblo West, CO 81007-2085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald <hr/> Contributor address; City; State; Zip Code Pueblo West, CO 81007-2085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald <hr/> Contributor address; City; State; Zip Code Pueblo West, CO 81007-2085	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/390 Rpt: 169/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/390 Rpt: 170/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/390 Rpt: 171/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanwisher, Nancy <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-6109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Massachusetts Institute of Technology
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Allan <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070-7221	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Rolfar		Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasdan, Mary <hr/> Contributor address; City; State; Zip Code Beverly Hills, CA 90210-3423	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/390 Rpt: 172/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> 6 Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/390 Rpt: 173/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> 6 Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kause, Suzanne <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15218-1343	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UPMC Healthplan
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendra, Lawrence <hr/> Contributor address; City; State; Zip Code Indian River Shores, FL 32963-3997	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendra, Lawrence <hr/> Contributor address; City; State; Zip Code Indian River Shores, FL 32963-3997	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilby, Jill <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116-2569	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/390 Rpt: 174/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilby, Jill <hr/> 6 Contributor address; City; State; Zip Code Forest Grove, OR 97116-2569	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Nancy <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-4331	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbury, Nancy <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-4331	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/390 Rpt: 175/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> 6 Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Maury <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-9478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/390 Rpt: 176/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Maury <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-9478	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/390 Rpt: 177/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10022-6534	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleissner, Lisa <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126-1441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleissner, Lisa <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126-1441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/390 Rpt: 178/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10007-1049	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Media Entrepreneur		9 Employer (See Instructions) Self Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/390 Rpt: 179/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27715-2152	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Duke University
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> Contributor address; City; State; Zip Code Durham, NC 27715-2152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/390 Rpt: 180/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> 6 Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/390 Rpt: 181/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> 6 Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koshland, Phlyssa <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94026-7310	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/390 Rpt: 182/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/390 Rpt: 183/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/390 Rpt: 184/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce <hr/> Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce <hr/> Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce <hr/> Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/390 Rpt: 185/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce 6 Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) The Boeing Company
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/390 Rpt: 186/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> 6 Contributor address; City; State; Zip Code Villanova, PA 19085-1903	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-1903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/390 Rpt: 187/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Villanova, PA 19085-1903		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Villanova, PA 19085-1903		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kunitani, Penny	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Los Angeles, CA 90039-3027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chicago, IL 60629-4825		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chicago, IL 60629-4825		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/390 Rpt: 188/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60629-4825	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Center for Epidemiology and Environmental Health

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/390 Rpt: 189/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016-3720	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Center for Epidemiology and Environmental Health
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Center for Epidemiology and Environmental Health
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Center for Epidemiology and Environmental Health
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Center for Epidemiology and Environmental Health
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Center for Epidemiology and Environmental Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/390 Rpt: 190/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> 6 Contributor address; City; State; Zip Code Peabody, MA 01960-3635	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Skipping Stone
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/390 Rpt: 191/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> 6 Contributor address; City; State; Zip Code Peabody, MA 01960-3635	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Skipping Stone
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/390 Rpt: 192/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/390 Rpt: 193/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) American International Group
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Barbara <hr/> Contributor address; City; State; Zip Code Dawson, TX 76639-0606	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Evelyn <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pacific Gas and Electric Company

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/390 Rpt: 194/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Evelyn 6 Contributor address; City; State; Zip Code Oakland, CA 94610-1621	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Pacific Gas and Electric Company
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Evelyn Contributor address; City; State; Zip Code Oakland, CA 94610-1621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pacific Gas and Electric Company
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Evelyn Contributor address; City; State; Zip Code Oakland, CA 94610-1621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pacific Gas and Electric Company
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/390 Rpt: 195/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Winchester, VA 22603-3883		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Winchester, VA 22603-3883		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/390 Rpt: 196/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Records Manager		9 Employer (See Instructions) The Elfran LP
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/390 Rpt: 197/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bremerton, WA 98312-4309		
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) Weaver Foundation
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bremerton, WA 98312-4309		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bremerton, WA 98312-4309		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bremerton, WA 98312-4309		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bremerton, WA 98312-4309		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/390 Rpt: 198/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> 6 Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) Weaver Foundation
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/390 Rpt: 199/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/390 Rpt: 200/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/390 Rpt: 201/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/390 Rpt: 202/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5925	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Childrens Medical Center-Dallas
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A. <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A. <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/390 Rpt: 203/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Avago Technologies
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/390 Rpt: 204/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahan, Thomas E.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Palm Coast, FL 32164-5252	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mankowitz, Carl	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code New York, NY 10024-3141	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, David N	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Brooklyn, NY 11215-5917	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/390 Rpt: 205/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> 6 Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markey, Kristina <hr/> Contributor address; City; State; Zip Code Monterey, CA 93940-1819	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Political Aide		Employer (See Instructions) County of Monterey

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/390 Rpt: 206/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markey, Kristina <hr/> 6 Contributor address; City; State; Zip Code Monterey, CA 93940-1819	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Political Aide		9 Employer (See Instructions) County of Monterey
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/390 Rpt: 207/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/390 Rpt: 208/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80231-5739	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Government
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/390 Rpt: 209/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/390 Rpt: 210/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauro, Patrick <hr/> Contributor address; City; State; Zip Code Oak Brook, IL 60523-1749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/390 Rpt: 211/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauro, Patrick <hr/> 6 Contributor address; City; State; Zip Code Oak Brook, IL 60523-1749	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/390 Rpt: 212/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> 6 Contributor address; City; State; Zip Code Brookline, MA 02445-5328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Ronald <hr/> Contributor address; City; State; Zip Code Franklin, NC 28744-0752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Ronald <hr/> Contributor address; City; State; Zip Code Franklin, NC 28744-0752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/390 Rpt: 213/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> 6 Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/390 Rpt: 214/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/390 Rpt: 215/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/390 Rpt: 216/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> 6 Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> Contributor address; City; State; Zip Code Boise, ID 83706-5219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> Contributor address; City; State; Zip Code Boise, ID 83706-5219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/390 Rpt: 217/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> 6 Contributor address; City; State; Zip Code Boise, ID 83706-5219	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> Contributor address; City; State; Zip Code Boise, ID 83706-5219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> Contributor address; City; State; Zip Code Boise, ID 83706-5219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/390 Rpt: 218/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Prosper
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Marilyn <hr/> Contributor address; City; State; Zip Code Modesto, CA 95350-2201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/390 Rpt: 219/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Robert <hr/> 6 Contributor address; City; State; Zip Code Hendersonville, NC 28739-6038	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Robert <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-6038	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Robert <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-6038	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/390 Rpt: 220/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> 6 Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/390 Rpt: 221/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Economist		9 Employer (See Instructions) LBNL
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/390 Rpt: 222/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> 6 Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/390 Rpt: 223/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> 6 Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/390 Rpt: 224/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/390 Rpt: 225/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/390 Rpt: 226/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/390 Rpt: 227/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/390 Rpt: 228/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/390 Rpt: 229/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/390 Rpt: 230/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/390 Rpt: 231/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/390 Rpt: 232/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> 6 Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) EvergreenHealth
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$113.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/390 Rpt: 233/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard <hr/> 6 Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	7 Amount of Contribution (\$) \$113.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/390 Rpt: 234/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, John M. <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140-2806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, John M. <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140-2806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/390 Rpt: 235/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> 6 Contributor address; City; State; Zip Code Juneau, AK 99801-1334	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/390 Rpt: 236/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Juneau, AK 99801-1334		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Altadena, CA 91001-3418		
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Altadena, CA 91001-3418		
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Altadena, CA 91001-3418		
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Altadena, CA 91001-3418		
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 234/390 Rpt: 237/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander 6 Contributor address; City; State; Zip Code Altadena, CA 91001-3418	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Systems Engineer		9 Employer (See Instructions) California Institute of Technology
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander Contributor address; City; State; Zip Code Altadena, CA 91001-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murtagh, Mary Contributor address; City; State; Zip Code Berkeley, CA 94707-2020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Non Profit Housing		Employer (See Instructions) EAH Inc
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murtagh, Mary Contributor address; City; State; Zip Code Berkeley, CA 94707-2020	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Non Profit Housing		Employer (See Instructions) EAH Inc
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murtagh, Mary Contributor address; City; State; Zip Code Berkeley, CA 94707-2020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Non Profit Housing		Employer (See Instructions) EAH Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/390 Rpt: 238/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Stephen <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90402-1938	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/390 Rpt: 239/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10044-0160	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/390 Rpt: 240/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10044-0160	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Mary <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105-2110	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/390 Rpt: 241/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code APO, AE 09603-0044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code APO, AE 09603-0044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code APO, AE 09603-0044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code APO, AE 09603-0044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/390 Rpt: 242/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code APO, AE 09603-0044		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code APO, AE 09603-0044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/390 Rpt: 243/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Celebration, FL 34747-5476		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/390 Rpt: 244/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> 6 Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/390 Rpt: 245/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60605-2060	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/390 Rpt: 246/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Regan, Daphne <hr/> 6 Contributor address; City; State; Zip Code East Lansing, MI 48823-3129	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Michigan State University
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Regan, Daphne <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-3129	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Michigan State University
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Regan, Daphne <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-3129	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Michigan State University
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Regan, Daphne <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-3129	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Michigan State University
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Regan, Daphne <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-3129	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Michigan State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/390 Rpt: 247/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Sandra <hr/> 6 Contributor address; City; State; Zip Code Racine, WI 53402-4270	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Sandra <hr/> Contributor address; City; State; Zip Code Racine, WI 53402-4270	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Sandra <hr/> Contributor address; City; State; Zip Code Racine, WI 53402-4270	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Sandra <hr/> Contributor address; City; State; Zip Code Racine, WI 53402-4270	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 245/390 Rpt: 248/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 246/390 Rpt: 249/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> 6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 247/390 Rpt: 250/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> 6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/390 Rpt: 251/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> 6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/390 Rpt: 252/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/390 Rpt: 253/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> 6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H. <hr/> Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 251/390 Rpt: 254/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/390 Rpt: 255/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 253/390 Rpt: 256/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10028-0939	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10028-0939	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10028-0939	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10028-0939	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/390 Rpt: 257/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10028-0939	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Patrick Partners Inc
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> Contributor address; City; State; Zip Code New York, NY 10028-0939	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/390 Rpt: 258/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 256/390 Rpt: 259/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/390 Rpt: 260/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/390 Rpt: 261/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> 6 Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) OSIsoft
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prato, Carol <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277-4820	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prato, Carol <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277-4820	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Ethan <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85050-5419	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 259/390 Rpt: 262/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 260/390 Rpt: 263/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Robert E.	7 Amount of Contribution (\$) \$25,000.00
	6 Contributor address; City; State; Zip Code La Jolla, CA 92037-4327	
8 Principal occupation / Job title (See Instructions) Philanthropist		9 Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven	Amount of Contribution (\$) \$113.00
	Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	
Principal occupation / Job title (See Instructions) Illustrator		Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	
Principal occupation / Job title (See Instructions) Illustrator		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Madison, WI 53705-2622	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Madison, WI 53705-2622	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 261/390 Rpt: 264/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-2622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 262/390 Rpt: 265/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-2622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/390 Rpt: 266/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> 6 Contributor address; City; State; Zip Code Parker, CO 80134-5933	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Bonnie <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-4252	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Bonnie <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-4252	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/390 Rpt: 267/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 265/390 Rpt: 268/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhyne, Katherine <hr/> Contributor address; City; State; Zip Code Keswick, VA 22947-9183	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 266/390 Rpt: 269/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60626-4519	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riecks, Karolyn <hr/> Contributor address; City; State; Zip Code Oakland, OR 97462-0265	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riecks, Karolyn <hr/> Contributor address; City; State; Zip Code Oakland, OR 97462-0265	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 267/390 Rpt: 270/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lingusitic
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 268/390 Rpt: 271/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lingusitic
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Enid <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3282	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 269/390 Rpt: 272/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas	7 Amount of Contribution (\$) \$33.00
6 Contributor address; City; State; Zip Code Dayton, OH 45406-5118		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Dayton, OH 45406-5118		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Dayton, OH 45406-5118		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Dayton, OH 45406-5118		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Dayton, OH 45406-5118		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 270/390 Rpt: 273/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> 6 Contributor address; City; State; Zip Code Dayton, OH 45406-5118	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 271/390 Rpt: 274/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, William <hr/> Contributor address; City; State; Zip Code Lexington, MA 02420-2340	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossi, Heather L. <hr/> Contributor address; City; State; Zip Code Livermore, CA 94550-0832	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) Sunshine Saloon
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossi, Heather L. <hr/> Contributor address; City; State; Zip Code Livermore, CA 94550-0832	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) Sunshine Saloon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 272/390 Rpt: 275/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Deborah <hr/> 6 Contributor address; City; State; Zip Code Tampa, FL 33629-4227	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Univeristy of South Florida College of Medicine
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Deborah <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629-4227	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Univeristy of South Florida College of Medicine
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Deborah <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629-4227	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Univeristy of South Florida College of Medicine
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubenzahl, Joel <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2716	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) Community Economics Inc.
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 273/390 Rpt: 276/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618-2628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 274/390 Rpt: 277/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 275/390 Rpt: 278/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Self Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Gabriel <hr/> Contributor address; City; State; Zip Code Wyoming, OH 45215-2624	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) International City County Management Association
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryder, Barbara G. <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34241-7118	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 276/390 Rpt: 279/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> 6 Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 277/390 Rpt: 280/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> 6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/390 Rpt: 281/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> 6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/390 Rpt: 282/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 280/390 Rpt: 283/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salkind, Wendy	Amount of Contribution (\$) \$240.00
Contributor address; City; State; Zip Code Rumford, RI 02916-2905		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 281/390 Rpt: 284/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuelson, Martha S. <hr/> 6 Contributor address; City; State; Zip Code West Newton, MA 02465-2308	7 Amount of Contribution (\$) \$75,000.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Analysis Group
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 282/390 Rpt: 285/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) City Planner		9 Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 283/390 Rpt: 286/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherby
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 284/390 Rpt: 287/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherby
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 285/390 Rpt: 288/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/390 Rpt: 289/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> 6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 287/390 Rpt: 290/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 288/390 Rpt: 291/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> 6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 289/390 Rpt: 292/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98144-3108	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Gilead Sciences
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 290/390 Rpt: 293/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04112-7235	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert <hr/> Contributor address; City; State; Zip Code Narragansett, RI 02882-1024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert <hr/> Contributor address; City; State; Zip Code Narragansett, RI 02882-1024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/390 Rpt: 294/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/390 Rpt: 295/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> 6 Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Schieran Inc.
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 293/390 Rpt: 296/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M.	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Schieran Inc.
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 294/390 Rpt: 297/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> 6 Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 295/390 Rpt: 298/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwegler, Thomas L.	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Kansas City, MO 64152-1744	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scussel, Adreana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Stafford Springs, CT 06076-1113	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scussel, Adreana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Stafford Springs, CT 06076-1113	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scussel, Adreana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Stafford Springs, CT 06076-1113	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Benson, AZ 85602-7029	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 296/390 Rpt: 299/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> 6 Contributor address; City; State; Zip Code Benson, AZ 85602-7029	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> Contributor address; City; State; Zip Code Benson, AZ 85602-7029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> Contributor address; City; State; Zip Code Benson, AZ 85602-7029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> Contributor address; City; State; Zip Code Benson, AZ 85602-7029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> Contributor address; City; State; Zip Code Benson, AZ 85602-7029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 297/390 Rpt: 300/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> 6 Contributor address; City; State; Zip Code Benson, AZ 85602-7029	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Constance <hr/> Contributor address; City; State; Zip Code Benson, AZ 85602-7029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 298/390 Rpt: 301/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> 6 Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 299/390 Rpt: 302/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> 6 Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shore, Karen <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90025-3466	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 300/390 Rpt: 303/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Barbara <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97239-4718	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Barbara <hr/> Contributor address; City; State; Zip Code Portland, OR 97239-4718	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 301/390 Rpt: 304/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K.	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuster, Marcy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Worcester, MA 01609-1212	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Newbury Investment Partners
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Villanova, PA 19085-2116	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Villanova, PA 19085-2116	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Villanova, PA 19085-2116	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 302/390 Rpt: 305/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Villanova, PA 19085-2116		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Villanova, PA 19085-2116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Villanova, PA 19085-2116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Narberth, PA 19072-1159		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Narberth, PA 19072-1159		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 303/390 Rpt: 306/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Helen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46202-3658	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 304/390 Rpt: 307/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Helen <hr/> 6 Contributor address; City; State; Zip Code Indianapolis, IN 46202-3658	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Helen <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202-3658	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Helen <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202-3658	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Helen <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202-3658	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 305/390 Rpt: 308/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 306/390 Rpt: 309/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Falmouth, MA 02540-1874		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 307/390 Rpt: 310/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> 6 Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 308/390 Rpt: 311/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> 6 Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smallis, Christopher <hr/> Contributor address; City; State; Zip Code Falmouth, MA 02540-1874	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David L. <hr/> Contributor address; City; State; Zip Code Sun City Center, FL 33573-5052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David L. <hr/> Contributor address; City; State; Zip Code Sun City Center, FL 33573-5052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David L. <hr/> Contributor address; City; State; Zip Code Sun City Center, FL 33573-5052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 309/390 Rpt: 312/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 310/390 Rpt: 313/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen 6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 311/390 Rpt: 314/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 312/390 Rpt: 315/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> 6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008-3754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 313/390 Rpt: 316/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	7 Amount of Contribution (\$) \$23.00
6 Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$23.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bixby, OK 74008-3754		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/390 Rpt: 317/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Technology Officer		9 Employer (See Instructions) National Geographic Society
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springstead, Teryl <hr/> Contributor address; City; State; Zip Code San Diego, CA 92176-6065	Amount of Contribution (\$) \$601.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 315/390 Rpt: 318/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 316/390 Rpt: 319/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Anne <hr/> Contributor address; City; State; Zip Code Scarsdale, NY 10583-6150	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Anne <hr/> Contributor address; City; State; Zip Code Scarsdale, NY 10583-6150	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Anne <hr/> Contributor address; City; State; Zip Code Scarsdale, NY 10583-6150	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 317/390 Rpt: 320/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02138-1363	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Sasaki Associates
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 318/390 Rpt: 321/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 319/390 Rpt: 322/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 320/390 Rpt: 323/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 321/390 Rpt: 324/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mimi <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22310-2131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 322/390 Rpt: 325/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> 6 Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 323/390 Rpt: 326/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 324/390 Rpt: 327/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 325/390 Rpt: 328/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 326/390 Rpt: 329/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> 6 Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fallbrook Union Elementary School District
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 327/390 Rpt: 330/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> 6 Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fallbrook Union Elementary School District
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda <hr/> Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fallbrook Union Elementary School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 328/390 Rpt: 331/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Linda	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Fallbrook, CA 92028-3078		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fallbrook Union Elementary School District
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 329/390 Rpt: 332/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> 6 Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) eLogic
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Canandaigua, NY 14424-8997	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 330/390 Rpt: 333/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> 6 Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 331/390 Rpt: 334/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-3506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Remitly
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 332/390 Rpt: 335/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98109-4953	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Program Manager		9 Employer (See Instructions) Launch Consulting
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 333/390 Rpt: 336/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> 6 Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Teresa <hr/> Contributor address; City; State; Zip Code St Petersburg, FL 33705-3338	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 334/390 Rpt: 337/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> 6 Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 335/390 Rpt: 338/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> 6 Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-5365	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-5365	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-5365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G. <hr/> Contributor address; City; State; Zip Code Roseville, CA 95747-8103	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 336/390 Rpt: 339/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M.G.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 337/390 Rpt: 340/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Heather <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90402-2203	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Actress and Writer		9 Employer (See Instructions) Shiksa Enterprises
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 338/390 Rpt: 341/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> 6 Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Sandra <hr/> Contributor address; City; State; Zip Code Woodside, CA 94062-1217	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurber, Kent <hr/> Contributor address; City; State; Zip Code Rockville, MD 20852-6644	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NIH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 339/390 Rpt: 342/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tighe, Dennis <hr/> 6 Contributor address; City; State; Zip Code Parkville, MO 64152-6045	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillou, Linda <hr/> Contributor address; City; State; Zip Code Edina, MN 55424-1712	Amount of Contribution (\$) \$245.00
Principal occupation / Job title (See Instructions) Independent Living Service		Employer (See Instructions) Lifeworks
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinklenberg, Mae <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-3830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinklenberg, Mae <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-3830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 340/390 Rpt: 343/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
8 Principal occupation / Job title (See Instructions) Policy Analyst		9 Employer (See Instructions) New America
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 341/390 Rpt: 344/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
8 Principal occupation / Job title (See Instructions) Policy Analyst		9 Employer (See Instructions) New America
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 342/390 Rpt: 345/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> 6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Policy Analyst		9 Employer (See Instructions) New America
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 343/390 Rpt: 346/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-2403	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 344/390 Rpt: 347/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-2403	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 345/390 Rpt: 348/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 346/390 Rpt: 349/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> 6 Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Turner Law Firm P.C.
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 347/390 Rpt: 350/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> 6 Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	7 Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Turner Law Firm P.C.
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 348/390 Rpt: 351/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuthill, Lee <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218-2802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 349/390 Rpt: 352/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> 6 Contributor address; City; State; Zip Code Holderness, NH 03245-5316	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 350/390 Rpt: 353/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> 6 Contributor address; City; State; Zip Code Holderness, NH 03245-5316	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 351/390 Rpt: 354/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> 6 Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B. <hr/> Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vacco, Ellen <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80129-2954	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Demark, Kathleen <hr/> Contributor address; City; State; Zip Code Rockport, MA 01966-1354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 352/390 Rpt: 355/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Demark, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Rockport, MA 01966-1354	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Demark, Kathleen <hr/> Contributor address; City; State; Zip Code Rockport, MA 01966-1354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Demark, Kathleen <hr/> Contributor address; City; State; Zip Code Rockport, MA 01966-1354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 353/390 Rpt: 356/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 354/390 Rpt: 357/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 355/390 Rpt: 358/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 356/390 Rpt: 359/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 357/390 Rpt: 360/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
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Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 358/390 Rpt: 361/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 359/390 Rpt: 362/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$25.00
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Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 360/390 Rpt: 363/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 361/390 Rpt: 364/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> 6 Contributor address; City; State; Zip Code San Marino, CA 91108-1140	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 362/390 Rpt: 365/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wafer, Trlica	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Dallas, TX 75241-6448		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wafer, Trlica	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Dallas, TX 75241-6448		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wafer, Trlica	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Dallas, TX 75241-6448		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 363/390 Rpt: 366/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 364/390 Rpt: 367/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 365/390 Rpt: 368/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle	7 Amount of Contribution (\$) \$33.00
6 Contributor address; City; State; Zip Code Seattle, WA 98107-2007		
8 Principal occupation / Job title (See Instructions) Biologist		9 Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Seattle, WA 98107-2007		
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Seattle, WA 98107-2007		
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Seattle, WA 98107-2007		
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Seattle, WA 98107-2007		
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 366/390 Rpt: 369/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98107-2007	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Biologist		9 Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 367/390 Rpt: 370/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 368/390 Rpt: 371/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Donald <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-1950	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wisconsin Madison

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 369/390 Rpt: 372/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-4114	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Health Service Center
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 370/390 Rpt: 373/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-4114	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Health Service Center
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Robert <hr/> Contributor address; City; State; Zip Code Medford, OR 97504-8671	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Robert <hr/> Contributor address; City; State; Zip Code Medford, OR 97504-8671	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> Contributor address; City; State; Zip Code South Riding, VA 20152-1788	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> Contributor address; City; State; Zip Code South Riding, VA 20152-1788	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 371/390 Rpt: 374/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> 6 Contributor address; City; State; Zip Code South Riding, VA 20152-1788	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> Contributor address; City; State; Zip Code South Riding, VA 20152-1788	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> Contributor address; City; State; Zip Code South Riding, VA 20152-1788	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy <hr/> Contributor address; City; State; Zip Code South Riding, VA 20152-1788	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 372/390 Rpt: 375/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95618-1432	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 373/390 Rpt: 376/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 374/390 Rpt: 377/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 375/390 Rpt: 378/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Arizona
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 376/390 Rpt: 379/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Arizona
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 377/390 Rpt: 380/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Arizona
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitfield, Erin <hr/> Contributor address; City; State; Zip Code Keene, CA 93531-0236	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 378/390 Rpt: 381/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> 6 Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) Paragon Properties
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 379/390 Rpt: 382/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) Paragon Properties
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Steven	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code South Haven, MI 49090-9484	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) LifeWorking Holdings Inc.
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wickham, Roger	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Placerville, CO 81430-0532	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Gainesville, FL 32614-0443	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Gainesville, FL 32614-0443	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 380/390 Rpt: 383/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 381/390 Rpt: 384/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 382/390 Rpt: 385/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95124-2605	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 383/390 Rpt: 386/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95124-2605	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 384/390 Rpt: 387/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Indiana University
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 385/390 Rpt: 388/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Indiana University
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 386/390 Rpt: 389/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Issaquah School District
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 387/390 Rpt: 390/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> 6 Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Computing Consultant		9 Employer (See Instructions) Self Employed
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 388/390 Rpt: 391/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrench, Gary <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92008-2010	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrench, Gary <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92008-2010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 389/390 Rpt: 392/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2348	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CommUnityCare
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jesse <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-4845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Singer and Songwriter		Employer (See Instructions) Self Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jesse <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-4845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Singer and Songwriter		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 390/390 Rpt: 393/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jesse <hr/> 6 Contributor address; City; State; Zip Code Aiken, SC 29801-4845	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Singer and Songwriter		9 Employer (See Instructions) Self Employed
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jesse <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-4845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Singer and Songwriter		Employer (See Instructions) Self Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jesse <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-4845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Singer and Songwriter		Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-4616	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziskind, Ellen <hr/> Contributor address; City; State; Zip Code Needham, MA 02492-1338	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/20/2023	5 Payee name AB Data Ltd.	
6 Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 170062 Milwaukee, WI 53217-8000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2023	Payee name AB Data Ltd.	
Amount (\$) \$1,100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 170062 Milwaukee, WI 53217-8000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2023	Payee name AB Data Ltd.	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 170062 Milwaukee, WI 53217-8000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/22/2023	5 Payee name AB Data Ltd.	
6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 170062 Milwaukee, WI 53217-8000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Consulting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2023	Payee name ActBlue Technical Services	
Amount (\$) \$81.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name ActBlue Technical Services	
Amount (\$) \$700.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/08/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$417.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2023	Payee name ActBlue Technical Services	
Amount (\$) \$665.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2023	Payee name ActBlue Technical Services	
Amount (\$) \$445.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/29/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$584.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2023	Payee name ActBlue Technical Services	
Amount (\$) \$587.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2023	Payee name ActBlue Technical Services	
Amount (\$) \$533.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 02/19/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$487.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2023	Payee name ActBlue Technical Services	
Amount (\$) \$471.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2023	Payee name ActBlue Technical Services	
Amount (\$) \$594.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 03/12/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$596.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2023	Payee name ActBlue Technical Services	
Amount (\$) \$3,449.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2023	Payee name ActBlue Technical Services	
Amount (\$) \$474.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 03/31/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$558.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/02/2023	Payee name ActBlue Technical Services
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Amount (\$) \$193.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/09/2023	Payee name ActBlue Technical Services
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Amount (\$) \$604.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 04/16/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$467.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2023	Payee name ActBlue Technical Services	
Amount (\$) \$447.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2023	Payee name ActBlue Technical Services	
Amount (\$) \$551.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/07/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$817.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2023	Payee name ActBlue Technical Services	
Amount (\$) \$743.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2023	Payee name ActBlue Technical Services	
Amount (\$) \$497.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 05/28/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$520.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2023	Payee name ActBlue Technical Services	
Amount (\$) \$578.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2023	Payee name ActBlue Technical Services	
Amount (\$) \$609.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/18/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$570.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2023	Payee name ActBlue Technical Services	
Amount (\$) \$532.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2023	Payee name Anne Lewis Strategies	
Amount (\$) \$14,999.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 650 Massachusetts Ave NW Ste 505 Washington, DC 20001-3796	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense List Acquisition
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/03/2023	5 Payee name Bachman, Sue	
6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1200 Lakeshore Ave Apt 22D Oakland, CA 94606-1632	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2023	Payee name Barton Brown - TradewaterSouth LLC	
Amount (\$) \$5,250.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2637 E Atlantic Blvd Ste 1054 Pompano Beach, FL 33062-4939	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security Services & Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2023	Payee name Barton Brown - TradewaterSouth LLC	
Amount (\$) \$10,377.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2637 E Atlantic Blvd Ste 1054 Pompano Beach, FL 33062-4939	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security Services & Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 04/16/2023	5 Payee name Brown, Stewart
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6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1700 Valley Ave Apt 102 Winchester, VA 22601-3194
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2023	Payee name Bumperactive.com
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Amount (\$) \$1,687.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Shipping & Website Hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name Bumperactive.com
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Amount (\$) \$142.51 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Shipping & Website Hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 06/01/2023	5 Payee name Bumperactive.com
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6 Amount (\$) \$63.73	7 Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Shipping & Website Hosting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2023	Payee name Civis Analytics Inc
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Amount (\$) \$7,050.29	Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Analysis Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/29/2023	Payee name Civis Analytics Inc
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Amount (\$) \$7,050.29	Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Analysis Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 05/28/2023	5 Payee name Curry, Andre
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3830 Gran Hts San Antonio, TX 78259-2445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/28/2023	Payee name Derrickson, Scott
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 466 Wilson Ln Front Royal, VA 22630-9340
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/24/2023	Payee name EveryAction Inc.
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Amount (\$) \$343.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 02/28/2023	5 Payee name Holder, Eric
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6 Amount (\$) \$8,760.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 850 10th St NW Washington, DC 20001-4956
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/26/2023	Payee name Ingenthron, Mary Anne
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2340 Bueno Dr Davis, CA 95616-0457
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name JDMaccoby Strategies LLC
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Amount (\$) \$1,725.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 234 14th St SE Washington, DC 20003-2367
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/04/2023	5 Payee name Kilby, Jill	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1460 Snapdragon Ln Forest Grove, OR 97116-2569	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Mapfigure Consulting	
Amount (\$) \$38,122.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 34 Wall St Ste 701 Asheville, NC 28801-0210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2023	Payee name Michael, Marilyn	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2704 Sherwood Ave Apt A Modesto, CA 95350-2201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 01/20/2023	5 Payee name Nonprofit HR Solutions LLC	
6 Amount (\$) \$22,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1441 L St NW Ste 620 Washington, DC 20005-4680	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Human Resources Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2023	Payee name Nonprofit HR Solutions LLC	
Amount (\$) \$22,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1441 L St NW Ste 620 Washington, DC 20005-4680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Human Resources Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2023	Payee name O'Regan, Daphne	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 810 Roxburgh Ave East Lansing, MI 48823-3129	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 01/20/2023	5 Payee name Pantheon Analytics
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2616 38th Ave SW Seattle, WA 98126-2111
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name Pantheon Analytics
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2616 38th Ave SW Seattle, WA 98126-2111
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2023	Payee name Perkins Coie LLP
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Amount (\$) \$150,740.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 3rd Ave Ste 4900 Seattle, WA 98101-3095
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 06/28/2023	5 Payee name Perkins Coie LLP
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6 Amount (\$) \$207,401.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1201 3rd Ave Ste 4900 Seattle, WA 98101-3095
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2023	Payee name Premier Political Compliance Inc.
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Amount (\$) \$11,455.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2023	Payee name Premier Political Compliance Inc.
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Amount (\$) \$4,000.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 05/16/2023	5 Payee name Premier Political Compliance Inc.
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6 Amount (\$) \$22,716.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 H St NW Ste 200 Washington, DC 20005-5932
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 H St NW Ste 200 Washington, DC 20005-5932
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 06/15/2023	5 Payee name Rising Tide Interactive LLC
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6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1250 H St NW Ste 200 Washington, DC 20005-5932
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2023	Payee name Salesberry Group LLC
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Amount (\$) \$288.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2045 W Grand Ave Ste B31638 Chicago, IL 60612-1576
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage & Subscription
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/22/2023	Payee name Salesberry Group LLC
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Amount (\$) \$292.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2045 W Grand Ave Ste B31638 Chicago, IL 60612-1576
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 416/416
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 06/22/2023	5 Name of person from whom amount is received Sterling Sensations, Inc.	8 Amount (\$) \$5,100.00
	6 Address of person from whom amount is received; City; State; Zip Code Beltsville, MD 20705	
	7 Purpose for which amount is received Void Credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/03/2023	Name of person from whom amount is received Stinson LLP	Amount (\$) \$11,906.16
	Address of person from whom amount is received; City; State; Zip Code Kansas City, MO 64184	
	Purpose for which amount is received Refund <input type="checkbox"/> Check if political contribution returned to filer	